PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approved or use introgri 1/31/2/07. And 0031-0032.
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/814,842			30/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN		
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		N/A		]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A		]	N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ = 1		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			]	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ets of pape 250 (\$125 tional 50 s	ngs exceed 100 on size fee due ) for each on thereof, See ' CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	05/22/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ĬŽ.	Total (37 CFR 1.18(i))	* 35	Minus	·· 27	= 8	]	x \$ =		OR	X \$50=	400	
뷡	Independent (37 CFR 1.16(h))	• 7	Minus	<b></b> 3	= 4	]	x \$ =		OR	X \$210=	840	
Ĭ,	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	1240	
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ШI	Total (37 CFR 1,16(i))		Minus	**	=	]	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***		]	x \$ =		OR	x \$ =		
ΞĮ	Application Size Fee (37 CFR 1.16(s))					]			]			
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Perviously Paid For M THIS SPACE is less than 30, enter "20".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".  If the "Highest Number Pervi												

This collection of information is orquired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in fall (and the process) an application Confidentiality is operand by 38 US 6.7 22 and 37 CFR 1.4. This recollection is estimated to take 12 minutes to complete, encuding patherapy, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.